

M. L. Griffin

Converging Latitudes

Colourless in illness, drained by fatigue and by the harsh fluorescent light, a woman lies on a bed. Her skin, the colour of the pale washed walls, translucent as the glass of the cubicle, is cold. Her eyes are closed; her breath, shallow and quiet. She is here but not here; giving nothing into the room, she has withdrawn somewhere where she cannot be followed, somewhere further than sleep, not so far as coma. Outside this room lives go on, footsteps in corridors, banging doors, clattering trolleys, life's dance with death: they all go on. Sirens in a courtyard, voices raised in laughter quickly choked back, sighs, the clink of cup against saucer in a quiet office, the hum of a fan. The man sitting straight on the side of the bed holds her hand as he has for so many years; her wedding ring has grown slightly loose. He is conscious of his own heart, his own pulse, slow now but insistent: "You are still alive." He is an old man, still straight backed; his age revealed only through his lightness, he has slipped almost imperceptibly from maturity to old age, losing substance, weight, his hair neither grey nor blonde, almost colourless. His eyes unfocussed now on anything further than the figure on the bed seem faded from blue to grey. His clothes, too, are grey: incongruous perhaps are the tan leather shoes, much heeled and soled, and the old, green leather shopping bag, but not the tweed fisherman's hat placed neatly on the bed.

This is the tableau that Sally Mukherjee sees through the glass. Her entrance will break the stillness, initiate action. She brings colour into the room. The green suit and mustard blouse, her shining black, shoulder-length hair, her olive brown skin glow against the antiseptic quiet. This is not her area. Her practice is elsewhere, in the geriatric long-term care department, far removed from the world of accident, sudden death, and emergency. At the edge of the town, her patients exist in long wards originally designed for consumptives and look out over fields towards hills they will never climb again. But Sally, in the main building down town for a meeting, was paged because the senior Casualty Registrar is her fiancé, and he will seize any opportunity to see her. Here, they must go through the motions of normalcy: focus on the notations of dehydration, malnutrition and hypothermia, consider the necessity of psychological examination. Why does the woman on the bed deny herself food and heat? The patient is seventy-eight years old, female; next of kin, the husband who admitted her.

"Mr. Smith, I'm Dr. Mukherjee. Dr. Gardner has asked me to look in on your wife."

What had Mr. Smith expected of the voice? What intonations, rhythms and syntax? Not perhaps those clipped consonants, the only dialectical intonation that associated with “a good school.” He stands up with the unconscious movement of someone who automatically stands up for women but looks lost.

“If I might examine your wife, Mr. Smith?”

“Of course.”

She puts the file down into the tray at the foot of the bed and begins the normal procedure, aware of Mr. Smith’s surprise, his shifting perspective. She is used to assumptions, to prejudice of various kinds, used to the surprise she evokes when she speaks. She is just as used to the bewilderment on the faces of patients who addressed her in Hindi or Bengali, neither of which she understands. She is used to being presumed to be Muslim. Mr. Smith, she knows, is reserving judgement about her. Will they share a frame of reference, a language?

Eyes, pulse, breathing, all checked. She looks again at the file, at the tests already ordered: results of blood analysis yet to come, but anaemia suspected. These are the easy questions. The others must wait. Sally touches Mr. Smith lightly on the shoulder as she leaves the room, says she will see him at Nunswood soon.

It is the old man's fragility that Sally remembers as she drives home later that afternoon, the memory of his face accompanying her as she drives. Her route takes her away from the old, soon-to-be-closed Victorian building housing the administrative centre of her hospital group, away from the casualty department, ICU, and out-patients' clinics. Parallel to the railway line, the road leads out of town past old Georgian houses, modern shop fronts, pubs, the station, the old gas works—now a car dealership—on through a between-wars council estate, reputed to be the “toughest neighbourhood in town,” on through a post-war private development once regarded as a scar upon a rural landscape and now mellowing slightly behind maturing hedges and under trees which flower in spring even if they do not bear fruit. Familiar with each traffic light, with each bus stop, Sally drives away from Mr. Smith's polite white mask of silence. His body frail, Mr. Smith was giving nothing away, holding on to whatever was his.

She is stuck behind a bus, one of the new small ones that seem to stop anywhere on their route. At its turnaround outside Nunswood's main gate, it disgorges the usual array of passengers: nurses coming on duty, visitors carrying parcels, bags, and bunches of flowers. The disembarked bus travellers cannot decide whether to run, to put up umbrellas, or ignore the sleet, which may or may not threaten snow. Sally turns on her windshield wipers. She must drive past the main gate, round the perimeter of Nunswood to where the road narrows suddenly and becomes almost a lane. For a few minutes neither town nor hospital is visible behind the hedgerows, grey now in the wintry light, touched red here and there with the few remaining haws and black with a few shrivelled sloes.

Another turn and she is at the rear gate to Nunswood and the entrance to Chalmers' Annexe. Here she has a small serviced flat, one of several

such provided furnished at reasonable rent to unmarried doctors and other senior staff. As usual, someone has left the front door unlocked. The entrance hall smells vaguely of institutional pine. There is little to remind one that this was once a large family home built somewhere around 1890 in what was then the country. The town and the sanatorium grew out to meet it until it was annexed, converted, divided and adapted; it is now nondescript but convenient to hospital ward and cafeteria just a five minute walk away. Rarely do smells of cooking waft along the halls of the annexe; only the whisper of disinfectant, of drying linens from the laundry room downstairs, and a hint of chalk dust from the old drawing and dining rooms, now a seminar room, suggest there are people here.

Sally's tiny flat is up two flights of stairs in what was once the original Edwardian nursery. It shouldn't be hard to exchange this place for . . . what? Tom's flat in an old Georgian house not far from Sally's old school? Buying a house together? They have discussed both but made no decision.

Since she was nine, Sally Mukherjee has lived in other people's places: boarding school, university residence, and now Chalmers' Annexe. At nearly ten, her mother dead, Shalini Mukherjee came to school in an old Victorian building surrounded by Chestnut trees, and was soon Sally to her friends. As Dr. Mukherjee, after training in Manchester and Glasgow, she came back remembering fondly playing fields by the river, the Abbey Church she had been required to attend each Sunday, the little theatre she had been allowed to visit once she was in the sixth form. Then, she had never known the dreary council estates out by the factories on the edge of town; these had come as something of a shock to her, forcing their presence into the idyll of her memory. Tom Gardner returned here, too, after medical school because this is his home town; a small, self-satisfied, riverside town, aware of its history, proud of its Abbey and content with its ugly town centre. Go one way and you drive into the Midlands conurbation; the other and you find yourself in a world of fruit trees, fields, lazy streams, and memories of an agricultural past. Tom's parents still farm out in one of the villages on the old London Road. He went to the Abbey School, played on their rugby team; he knows his way around the country pubs, still knows people that he has known all his life. This is where he belongs.

Her thoughts still on Tom and the Smiths, Sally changes her shoes, removes her jacket, gradually allows her body to sag a little, allows herself to stretch and sigh. It is the end of the afternoon. She makes tea, her movements mechanical, routine. Only the red cushions and the red bedspread, the vase of dried flowers on the table speak of Sally herself. And the photographs: a man in a barrister's wig and gown and a woman in a sari: a young Mr. Mukherjee on the occasion of his call to the British Bar in 1947, and Mrs. Mukherjee, then Indira Choudhury of Calcutta, on her eighteenth birthday. There is another picture: Mr. and Mrs. Mukherjee with young Shalini, who was to become Sally at boarding school, standing in the garden of their new house in Wimbledon, not far from the common.

A seven year old Sally in the gingham dress of her day school looks at the camera with steady eyes, her hair in two long braids neatly tied in ribbons. Mr. Mukherjee is dressed for cricket and Mrs. Mukherjee is wearing the African inspired dress that was so popular in 1967. She is elegant, smiling at the camera, one hand on her daughter's shoulder, the other holding recently removed sunglasses. She has only two years left to live before a drunk driver runs her down on a zebra crossing on a wet November afternoon. In the photograph it is forever mid-summer 1967. The day is fixed in Sally's memory as one of those days that one thinks will last for ever, when all is perfection: a free afternoon from school, cream tea in a pavilion, poppa scoring runs even though he is already forty-seven, and a beautiful mother. There is little else; her shelves and cupboards are tidy; personal objects are put away; even books and magazines are stacked neatly on the shelves.

The sleet brushes lazily against the window, still unsure of whether to take hold or not. Sally shivers in her wing chair, leans forward to turn on the gas fire, sinks into herself, her mind neither acute nor torpid, that state of nothingness that is intense thought and also emptiness. She has not drawn the curtains against the weather, and from where she sits the window frames nothing but building cloud and the coming of night. She finds it hard not to fall asleep at this time of day, not to droop over her mug, not to let her head fall against the side of the chair. She sees again the tableau in the Casualty department: the old man, so still, contained even in his anxiety; Tom Gardner in his white coat; so much love in one harsh white room; and on the bed the woman who is there but not there, removed beyond love, beyond feeling, unknowing that the three others collaborate to bring her back to experience.

The late afternoon passes quickly into early December night. An orderly brings Mr. Smith coffee and a sandwich; they won't move Mrs. Smith now until tomorrow. Tom goes round the corner for a pie before settling down with a magazine and the television; he is tired; he is on duty at six again tomorrow morning. Sally goes downstairs to do her laundry then walks across to the main hospital building for baked fish and mashed potatoes in the cafeteria. She checks in her office for anything new, phones her father—he is out. She walks back to the Annexe with Sister Mason, a large woman, a stereotype in her navy blue dress, lace cap and silver-buckled belt, who relies on her reputation for bullying her patients into recovery and pretends she doesn't know that the patients and junior staff call her "the battleaxe." She is six months from retirement, remembers hospitals and the nursing profession from the days before the NHS. She is glad to be retiring and tells Sally about the cottage she has bought in Wales. Tom turns in early into his old double bed. He has pulled down the blinds muffling the sound of traffic and of people returning from the pub. Sally skims the morning newspaper, fishermen drowned off Shetland, watches the news on television, puts everything away, sets her coffee maker for the morning, cleans her teeth, combs her hair, all the usual bedtime routine; she climbs into her bed and lies watching the night

framed by the undrawn curtains. Mr. Smith sleeps fitfully in the chair beside his wife's bed.

In his moments of waking, Mr. Smith tries to make sense, to come to terms with this new reality. Fragments of memories both comfort and torment him; his first sight of his wife: three days out of Southampton, light and silver, a young woman returning to India after seven years of being cold in boarding school, cold during holidays in a country rectory with a distant cousin. On deck, a slight young woman in a silvery evening gown, her hair gathered into a loose chignon, shone almost pure white in the moonlight. Never had he seen anything quite so precious. Other memories: long African nights, she and the boy with him huddled in one room listening to the sounds of Mau Mau horror carried on the velvet air. Would it come to them? Jamaican nights: soft, warm, distant music and the faint hum of the traffic in Kingston. Security of a kind.

All in the past. They are old and everything has changed.

Mrs. Smith is moved briefly to a women's medical ward and then in time for Christmas to Long-Term Care at Nunswood. The ward is decorated with streamers and paper bells. A large Christmas tree invades the day room. Mrs. Smith is reluctant to get up, refuses to talk, but consents to eat. When her husband comes to visit, which he does daily, she weeps. He is tired, but he will make this journey every day for the rest of her life. He has bought a season's pass for the buses; he carries the timetables in his inside pocket.

Every day Mr. Smith visits his silent and weeping wife, sits by her bed holding her hand. He senses her despair, even resentment, at being still alive. She will not speak to him. So much of his life he has spent attempting to protect her from life and now he must give her up, even as she rejects speech with him. And now it will be Sally who outlines Mrs. Smith's life: Sally who prescribes diet and activity, oversees medication, arranges things. Mr. Smith doesn't think of her as Sally; she is still Dr. Mukherjee, a specialist in geriatric care. Until she spoke that first time, he had expected something different, a dependence perhaps on the progressive forms of verbs, an accent from India.

In an attempt to find common ground other than his wife's illness he raises the question of Calcutta. But Sally has no real memories of it, having visited but once when she was two. All she remembers is a garden, flowers and a mongoose, and she is unsure how much of this memory is real or is constructed from what her father has told her. She remembers the journey by plane; she thinks, 1962. Expecting distance, professional, harried courtesy, Mr. Smith finds Sally apologetic for their lack of shared history—neither can know that Sally's grandfather had his account with the bank where Mr. Smith once worked. Sally is gentle, concerned about him and his wife.

Mrs. Smith's blood tests are not as they should be; she has a slight jaundice, a definite indication of a liver malfunction. Mr. Smith is not surprised. They are adjusting her diet. December passes into January. The Smiths remain a challenge: Mrs. Smith, silent and resistant, and Mr.

Smith, reserved, self-sufficient, somehow defeated, unclassifiable. Just what is his situation, to what services is he entitled, to whom should he be referred?

The Smiths are in receipt of no old age pension; they are not entitled to it, having never made contributions. Their only income derives from a few investments, and an annuity purchased in 1972; fortunately, they'd kept most of their money in England. They own their bungalow outright having paid cash in 1972. Since 1987 their son working in Hong Kong has been sending them a regular amount monthly, but he has his own responsibilities—a wife and twin daughters, and with the coming end of the British lease he will have to leave soon. The Smiths have never and certainly would never apply for any kind of social assistance. They have no car and indeed have never had a car since returning to England. Until the last couple of years or so, they have been self-sufficient in vegetables from their garden, but Mr. Smith is becoming less able to manage the heavy garden work now.

Discovering the psychological history requires extreme tact. At what point did Mrs. Smith's drinking become more than comfort—addiction? For how long did husband and son collaborate to keep things going, the secret hidden? How often did she drink, and what? What symptoms had she displayed in the past? What treatment, if any, had she received? Sally can still find no real answer to why Mrs. Smith attempted to remove herself from life. Poverty? Shame? Why did she decide just then, while her husband was away for three days at his annual Old Boys' Dinner, to eat nothing, to turn off the heat, to sit in the dark, hands folded in her lap, ankles crossed, to sit and wait for—what? What had gone before? What is the root of her despair? In Mr. Smith's eyes as he sits by the silent bed, Sally sees dedication. This man has given most of his life to ensuring his wife's survival, her comfort. Raised to one vision of self-sufficiency, self-determination, autonomy, of individual responsibility that carries with it obligation, he is living by an old definition, unsure now of his place. Is this tragic or merely absurd? Sally cannot lay any blame, is unsure of the answers. Her immediate concern is the welfare of Mrs. Smith and by extension of Mr. Smith. There is nothing in either the welfare network or the pharmacopoeia to alleviate this dislocation.

In her office reviewing the file, cataloguing the information in her mind, Sally builds a picture of poverty and pride.

Mr. Smith can give the doctor facts; Sally can only intuit the emotions. She watches Mr. Smith day by day at his wife's bed. Devotion. His wife sits silent against her pillows, her eyes sometimes focussed on him and sometimes far, far away. He has taken to reading the paper out loud to her, to reading the letters they receive from Hong Kong, to talking to her as if she were answering, as if it were the early days of their marriage, on the veranda at the end of the day before changing for dinner, before the war when he returned home to England and the RAF: Gin and Tonic, just the one each, and a recap of the day's events, continued over dinner to the sound of the fan "punka, punka, punka" overhead. Now his

wife reminds him of the big moths that fluttered round their heads, flew frantic against the lamps, unfocussed, trapped in the light, desperate for the dark.

As Sally reads Mrs. Smith's medical file and the background notes, she registers the move to Kenya to manage a coffee plantation in 1947; distrust of Mr. Atlee as well as of Mr. Nehru? Another move in 1958 to Jamaica. Of what were they afraid? What had they hoped for? What had gone wrong that in 1972 they'd come home? Not an insufficiency of love. Would Tom Gardner ever hold her hand the way Mr. Smith holds his wife's? Having no desire to belong *to* someone, Sally ponders belonging *with* Tom Gardner whom she has agreed to marry. What will their future be? She sighs, closes Mrs. Smith's file. The routine of the unit continues.

Mr. Smith finds it all vaguely comforting, rather as he had found Matron's rooms comforting when he had been sick at his Prep School. The rooms of the unit, having originally been designed to provide maximum fresh air to TB patients, still have lots of glass, insulated somewhat now. From the centrally heated hospital he can look out from a warm bubble onto the world outside, the world to which he has to return every evening. Occasionally, he remembers just how old he is, is a little surprised that he is strong enough to fend for himself, to make the nearly hour long journey to and from the hospital every day. He knows his wife will never come home, wonders what he should do about the bungalow, about himself.

Around six in the evening, after helping his wife with her dinner, he leaves the ward to begin his journey home. He kisses her cheek, pats her hand. Ahead of him on the path Dr. Mukherjee is walking to the Annexe. She walks slowly, a little tired at the end of a working day, her hands thrust into the pockets of her coat. Ahead of her he can see a familiar figure that for a moment he cannot place—the young red-haired doctor from Casualty, unrecognisable at first without his white coat. He is walking away from the Annexe. Mr. Smith watches the change in Sally's posture, the unconscious straightening, the quickening of her step. Mr. Smith is too far away to see her smile, but he does see the way the two move so close together as to be one figure. He remembers that feeling and feels suddenly very alone as he turns away towards the main gate and the bus stop.

"I came to bring you these," says Tom, proffering a set of keys to his flat.

"I have to give at least a month's notice."

This becomes an in-between time for them, neither one thing nor another. The days and nights Sally spends alone she treasures as one treasures things that will pass. Sometimes it is just the tiniest incident, one moment that she knows she will hold in her mind for ever. On the brink of desired change, she cherishes what soon will be no more. She finds herself looking at the little flat where she has lived since taking her position, realising how little of herself she has put here, but fancying the furniture imbued with pathos. She touches the inanimate bookshelves, apologising for leaving them. The chairs have an attitude of reproach. Tiny events

imprint on her memory: sewing a button on a blouse, she looks up and glimpses her reflection in the mirror; she will remember this moment. She spends more time than usual in her office where nothing is changing.

She becomes more comfortable moving among the rooms in what she still thinks of as Tom's flat, becomes more familiar with where things are, learns the idiosyncrasies of drawers and wardrobe doors, of toaster and temperamental kettle. It is a time of movement back and forth, of being in neither one place nor another; a time of dealing with raised eyebrows, sentimental interest, over-polite and genuine concern. For a brief moment Tom and Sally are the focus of gossip in ward and cafeteria. How glad they are when the Consultant in Paediatrics breaks his leg skiing in St. Moritz and is brought home in a cast.

They have set the end of March for their wedding, a quiet, small ceremony and reception in Wimbledon. The Gardners will outnumber the Mukherjees. Sally's father's elder brother has one son twenty years older than Sally, so there are cousins still in Calcutta, but if she met them all those years ago she cannot remember; her father lives his life—as he has for over fifty years—as an Englishman. If there were rifts, sadnesses, things unforgiven between the brothers, Sally does not know. Mr. Mukherjee inhabits his study, his bedroom, and his club. Occasionally, someone will join him for dinner and Mr. Mukherjee is charming, urbane, articulate; one can see once again “old Harry Mukherjee” who was so popular in his college, is still respected for erudition at the Bar, and still writes witty letters to *The Times*.

In February, Mr. Smith brings snowdrops removed from the garden and replanted in a pot. His wife holds the pot for some time, stroking the tiny petals with one finger before placing the gift on her bedside table. Still, she does not speak. Mr. Smith also brings a small pot for Sally, which she puts on her desk in the office.

Mrs. Smith develops a bronchial infection and what willpower she has is not focussed on battling her illness. The antibiotic is changed.

So comes a time of watching Mr. Smith by his wife's side, listening to her breathing becoming more laboured, of watching her blood pressure drop, of moving her bed close to the nurses' desk, drawing the curtains around her bed for privacy, bringing in the extra oxygen, watching a body's systems slow down, adjusting medication.

Mr. Smith exists in a world of kind efficiency, a world centred on a white figure in a white bed. Against this whiteness the blues and pinks of the nurses' uniforms, the greens of the gowns, the colour of their hair and eyes ebb and flow around the curtained perimeter of his wife's existence like ripples at the edge of a lake, shifting, changing, always there. Standing to one side of the bed holding Mrs. Smith's alabaster white hand, Sally Mukherjee looks tired as she registers Mrs. Smith's pulse barely throbbing in her faint blue veins. Sally is talking to him gently, explaining that there is still the possibility that Mrs. Smith will recover, explaining the options for treatment, asking him very gently how heroic an effort should be made if Mrs. Smith should stop breathing. How can he answer?

It is not this white and blue shell that he sees, but a shimmering, laughing young girl, silver and blue against a Mediterranean sky, against an Indian Ocean, a girl with sunlight in her flowing hair. It is her hand he holds. Sally is asking him if he has contacted Hong Kong, if the hospital can arrange to send a fax, make a telephone call. There may be time. But it is not the tall man in the business suit and the sheen of international living on his skin that Mr Smith sees; it is a little boy with his air gun, hiding under the bed in an African night, listening perhaps for a lion's roar. It is a boy not quite a young man, in a school blazer almost outgrown, a boy talking too fast, catching up on a year's news, a young man helping his mother to bed for her afternoon "nap."

Oblivious of Sally's presence, the old man lays his head on his wife's still hand, wet now with his tears. It is Sally who sees that Mrs. Smith has opened her eyes to look at her weeping husband. Letting go of the hand she is holding, Sally watches the old woman gently touch her husband's hair. Then a soft whisper, the sound of a voice weak from stress, old, unused:

"It's just no use staying on, Teddy, no use at all."

The old lady regards her husband, an expression of resigned weariness on her face.

Outside, the usual sounds of the ward, the voices of nurses, even a snatch of song from a porter with a rattling trolley, an ironic laugh in the corridor, the motors of the cars on the road outside Nunswood. At the other end of the hospital the babies in the maternity ward are crying; on the motorway past the town, a driver is losing control of his vehicle, veering into the path of an articulated lorry. Worlds away, Mr. Smith's son begins a game of squash; Sally's cousin whom she has never met is preparing for dinner guests who include the current manager of the bank where Mr. Smith had once worked. Mr. Mukherjee is walking down Chancery Lane.

But in this room of white and hospital light, the minutes are long, and an old man is crying. Sally moves to touch his shoulder, gently, to pass him tissues, turns away to give him time to collect himself. A nurse brings him tea. Sally arranges for him to have a bed in the ambulatory care area for the time being, somewhere he can sleep until it is finished. In her office, she sits alone, the door closed, her aching head in her hands. She is tired. She is by now inured to the deaths of her patients. She knows, as the patients themselves do, that very few of them admitted to her care will ever leave Nunswood again. It is the lambent quality of Mr. Smith's love that touches her, the intensity of it, the white flame in his pale eyes. She turns her thoughts to arrangements, to thinking about how the system will care for Mr. Smith himself once he is completely alone, thinks about offering a prescription for sedatives, but is sure that it will be refused.

There is a message from Tom about a major accident, the victims of which will keep him busy well into the night. In the organized confusion of the Casualty Department, he will probably not think of her again for many hours, moving from patient to patient, stitching, setting, watching

monitors, sending for on-call surgeons, consulting with distraught relatives, having a quick cup of coffee with the ambulance crew. Sally spends her evening alone.

Mrs. Smith dies quietly in her sleep on Friday night. Even if Mr. Smith had been by her side instead of sleeping in a little cubicle not far away, he might not have been able to tell just when time stopped for his wife, just when she took her last breath.

He does not weep when told of his wife's death. They leave him a while by the curtained bedside, quietly bring him tea, food. Called early in the morning, Sally makes her own examination, reads the night sisters' notes, the notes of the on-call physician, gently discusses with Mr. Smith the hospital's procedures in this situation. The hospital chaplain appears and is treated with distant good manners by Mr. Smith.

It is Saturday, the last of her official tenancy of the flat in Chalmers' Annexe. She walks slowly along the familiar path from hospital to Annexe. Sharp bursts of wind blow grit into her face, set the forsythia hedge shaking. There is little left to pack, but there are things to be tidied away, to be taken care of. The suite has become almost anonymous, waiting for someone else to define it. She turns on the gas fire, trying to bring some life to the room, to dispel the greyness. She packs the last of her clothes, checks the cupboards are empty of food, dusts surfaces.

Having snatched barely three hours sleep, Tom arrives to help her carry boxes. They share one last pot of tea, standing, close, just touching, looking out from the window across the town below them, across the river. They can just make out the small, red bus making its ponderous way up the hill on the other side. They don't know that Mr. Smith is there, going home, truly alone now, going home carrying his wife's belongings in a green leather bag. But the bus seems so valiant, struggling up the hill. Sally and Tom move closer still; they are dressed almost alike today, jeans and sweaters, suitable clothes for moving boxes. Sally cannot read her future clearly. She has a suspicion that eventually Tom may call her "Sal." She wonders will she find herself in duffle coat and scarf watching rugby games in muddy fields, wonders how she will fit, looks at his pale skin, his grey eyes, and knows him essential to her. She shivers slightly, so that he holds her more tightly. Cause and effect. Balance. Beginnings, endings. Desire, a wheel of fire.

The little red bus makes its solitary journey on the other side of the river, into hills older than time, hills where Briton repelled Roman invader, Saxon fell before Norman, where today is but a fragment. The wind ruffles the temper of the river, blowing against the current, shaking the bare willow trees; it makes early daffodils tremble, twitches the hem of Sister Mason's cape, and tosses clouds red and grey in the evening sky: it is almost spring.